

This information collection is necessary to ensure that samples imported into the United States are not mixed with product that will be sold or distributed in commerce. (9 CFR 327.19 and 381.207). OMB Approved No. 0583-0094. **OMB DISCLOSURE STATEMENT:** Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0583-0094), Washington, D.C. 20250. If the OMB clearance number does not appear on this form, you are not obligated to complete it.

FOREIGN HEALTH CERTIFICATE NO.		UNITED STATES DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE OFFICE OF FIELD OPERATIONS	
NOTIFICATION OF INTENT			
FOR IMPORTATION OF MEAT OR POULTRY "SAMPLES FOR LABORATORY EXAMINATION, RESEARCH, OR EVALUATIVE TESTING"			
TO BE COMPLETED BY BROKER OR APPLICANT AND PRESENTED TO THE FSIS INSPECTOR ALONG WITH SHIPMENT			
COUNTRY OF ORIGIN	FOREIGN EST. NO. (if applicable)	NAME OF PRODUCT(S) AND SPECIE(S) DERIVED FROM	
NET WEIGHT (lbs.)	(Check the appropriate block and complete)		
	<input type="checkbox"/> NO. OF CARTONS:	<input type="checkbox"/> OTHER (Specify):	
EXPORTER (Name and Address)		CONSIGNEE (Name & Address where product will be shipped)	
IMPORT EST. (Name & Address of FSIS Establishment where product will be verified)			
NAME OF FSIS ESTABLISHMENT OF ORIGIN (Name of establishment where product was produced)			
<input type="checkbox"/> Springfield, IL	<input type="checkbox"/> Chicago, IL	<input type="checkbox"/> Minneapolis, MN	<input type="checkbox"/> Pickerington, OH
<input type="checkbox"/> St. Louis, MO	<input type="checkbox"/> Des Moines, IA	<input type="checkbox"/> Jackson, MS	<input type="checkbox"/> Salem, OR
<input type="checkbox"/> Denver, CO	<input type="checkbox"/> Lawrence, KS	<input type="checkbox"/> Raleigh, NC	<input type="checkbox"/> Philadelphia, PA
<input type="checkbox"/> Atlanta, GA	<input type="checkbox"/> Beltsville, MD	<input type="checkbox"/> Albany, NY	<input type="checkbox"/> Dallas, TX
DISPOSAL SITE (Name and Address where product will be disposed)		METHOD OF DISPOSAL (Specify):	
SIGNATURE OF BROKER OR APPLICANT		TITLE	DATE SIGNED
TELEPHONE NO.		FAX NO.	
TO BE COMPLETED BY USDA-FSIS OFFICIAL, WHO IS VERIFYING THAT THE PRODUCT PRESENTED IS THE SAME AS THAT DESCRIBED ON THIS FORM AND THE ACCOMPANYING HEALTH CERTIFICATE (If applicable) (Valid only when signed by a USDA-FSIS Official)			
SIGNATURE OF USDA OFFICIAL		TITLE	DATE SIGNED

